

JUL 18 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

22298

1. PLACE OF DEATH

County Chariton Registration District No. 175 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4104 Registered No. 44  
City Salisbury (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Silas Euryard Payton  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 - 1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 2 12  
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Birk Payton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Martha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Silas Payton

18. BURIAL, CREMATION, OR REMOVAL PLACE Asbury Cemetery DATE 6/7 1936

19. UNDERTAKER (ADDRESS) Geo. W. Winkler

20. FILED 48 19 36 W. H. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-4 1935 to 6-7 1936  
I last saw him alive on 6-7 1936 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
Carcinoma of Prostate  
Date of onset 5-1-35  
?

Other contributory causes of importance:  
Chronic Arterio Sclerosis  
myocarditis  
?

Name of operation Prostatectomy Date of 6-15-35  
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) J. H. H. H., M. D.

(Address) Salisbury Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

